MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

January 2003

DATA SYSTEMS & ANALYSIS

Data Base and Application Development

Medical Care Data Base—Payer Notification
In compliance with COMAR 10.25.09 and 10.25.06, approximately 44 payers were notified of their reporting requirements. Payer identified for complying with COMAR 10.25.06 must provide claims data to the Commission in June 2004. Payers identified for complying with COMAR 10.25.09 are required to submit claim census information in July 2004.

Completion of the 2001 Maryland Long-Term Care Survey
The deadline for completion of the survey has now passed. MHCC staff is editing the data in preparation for updating the Nursing Home Quality Reporting System. The table below presents the final status for the survey.

2001 LONG TERM CARE SURVEY TRACKING
1/8/2003

Start Date	10/21/2002
Days Left	-20
Ending Date	12/19/2002

Tracking	All	Comp	Assisted	Comp/Assist	Adult	Extended	Subacute	Chronic
Not Started	5 1 %	0 0 %	5 2 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %
In Progress	4 1 %	1 0 %	3 1 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %
Completed and Under Review	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %
Rejected and Being Corrected	16 2 %	3 1 %	9 3 %	0 0 %	4 3 %	0 0 %	0 0 %	0 0 %
Corrected and Under Review	0 0 %	0 % 0	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %
Completed and Accepted	641 96 %	204 98 %	277 94 %	17 100 %	114 97 %	3 100 %	20 100 %	6 100 %
Total Surveyed	666	208	294	17	118	3	20	6
Exempted	37	1	33	1	2	0	0	0
Total LTC Facilities	703	209	327	18	120	3	20	6

Eight facilities did not complete the survey, of which seven are assisted living facilities. Any facility not submitting by January 16th will be fined for non-compliance. The eight facilities that have not completed the survey and have not responded to repeated requests to comply are:

• Fairview Home - Colonial	Assisted Living
• Robinson's Assisted Living II	Assisted Living
• Saint John's Community	Assisted Living
• T. L. C. Assisted Living	Assisted Living
• Villa Nova Assisted Living-Labyringh Road	Assisted Living
• Caring Companion, Inc.	Assisted Living
• Mariner Health of Southern Maryland	Comp. Care
• Villa Nova Assisted Living-Essex Road	Assisted Living

Release of Pharmacy License Renewal System
The Board of Pharmacy (BOP) released the web-based Pharmacy license renewal systems developed by MHCC to chain pharmacies in the state. Fifteen large chain pharmacies used the application to renew licenses for about four hundred of their pharmacies that operate in the state. The response has been very positive. The BOP will use the application for all two thousand pharmacies that operate in the state in 2003. MHCC is also assisting the BOP in developing a pharmacist renewal application for release in the second quarter of 2003.

Ambulatory Surgical Center Survey
MHCC expects to release the 2002 Ambulatory Surgical Center Survey late in the first quarter of 2003. This survey will be administered via an application retrievable on the Internet, a method that proved extremely successful for the 2000 and 2001 surveys. A small procurement is envisioned to enhance real-time editing capabilities and to obtain help desk support during the survey administration period.

Cost and Quality Analysis
The Commission is releasing the report, *State Health Care Expenditures: Experience from 2001* at the January Commission meeting. By releasing the report, the MHCC meets its mandate to report annually on the state's total reimbursement for health care services in accordance with health care reform legislation passed in 1993.

The report will highlight the rapid acceleration in health care spending that occurred in 2001. Overall, expenditures climbed by 12 percent, the most significant spending increase since the Commission began reporting on spending in 1995. Health care spending now totals $21 billion, up from $18.8 billion last year. The $2.3 billion increase was broadly distributed across all major sectors, with all recording increases of 10 percent or more. Hospital outpatient services grew the most rapidly at 18 percent, which follows a 14 percent increase in 2000. Prescription drug spending increased by 15 percent, which followed increases of about 11 percent in 2000 and 22 percent in 1999. Drug spending in the state has increased by more than 55 percent since 1998. Physician and hospital spending increased by 10 percent, however; these two categories constitute over 40 percent of all health care spending. Government spending increased by 13 percent, private third party spending, which includes payments by commercial and non-profit insurers, HMOs, and self-insured employer plans, grew by 11 percent. Consumer spending out of pocket increased by 12 percent after recording a 9 percent jump in 2000.

EDI Programs and Payer Compliance

Electronic Health Network Accreditation
Staff reviewed MHCC certification requirements with John Frank & Associates, a Third Party Billing Administrator (TPA) located in Frederick, Maryland. The small size of this TPA enables them to apply for MHCC certification under the Commission's small network certification program.

ProxyMed, an MHCC certified network, recently announced the purchase of MedUnite, a network based in Norcross, Georgia. MedUnite was formed by the six largest commercial payers and has been in MHCC certification candidacy status since August 2002. ProxyMed plans to integrate the two organizations over the next year and will seek to expand their MHCC certification at that time.

HIPAA Education and Awareness
Practitioners and health care facilities view the Commission as a valuable resource for information relating to HIPAA's Administrative Simplification provision. Over the last month, staff received an average of twelve telephone calls per day from providers with HIPAA-related questions.

Staff continued with its HIPAA education and awareness programs in December. Staff completed a variety of activities, including presenting at HIPAA awareness meetings, consulting on HIPAA compliance tools, and assisting organizations in completing their privacy gap analysis. Major awareness and education efforts during the month included:

- Presented on EDI/HIPAA at EPIC Pharmacies Regional State Conference. About 120 pharmacists attended the presentation.
- Presented on HIPAA's privacy regulations to the Maryland Academy of General Dentistry, Baltimore City branch. Approximately 50 dentists attended the presentation.
- Presented on EDI/HIPAA to the Maryland State Hearing Society. They requested a second session aimed at helping them understand how to effectively use MHCC's "A Guide to Privacy Readiness."
- Presented on HIPAA's privacy regulations at Franklin Square Hospital. The hospital invited affiliated medical offices to attend the presentation. Approximately 90 people attended the event.
- Assisted the Montgomery County Medical Society in developing a HIPAA privacy awareness-training program for mental health providers. The medical society is planning to hold this event in late March.
- Presented on EDI/HIPAA to the Orthopedic Practice Administrators Association.
- Conducted a HIPAA privacy and security gap assessment workshop in Berlin for southern Maryland providers. Roughly 150 participants attended the session.
- Presented on HIPAA's privacy regulation at the Anne Arundel County Group Medical Managers December conference. Approximately 150 medical representatives attended the meeting.

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)
At the November 2002 meeting, the Commission approved the proposed regulations to implement one change to the CSHBP, previously voted on at the October 2002 meeting: coverage for residential crisis services. The proposed regulations will be published in the *Maryland Register* on January 24th. The comment period will end on February 24th. The Commission will be asked to provide final approval of the regulations at the March 2003 meeting. Upon approval, this change will be implemented effective July 1, 2003.

Commission staff is in the process of compiling the material for the annual mailing to all carriers participating in the small group market in Maryland to collect their annual financial data. Packets will be mailed by January 31st, with the deadline for carriers to submit this data by April 4th. Staff will complete an analysis of the survey results, including number of lives covered, number of employer groups purchasing the CSHBP, loss ratios, average premiums as they relate to the 12-percent affordability cap, etc. Staff will present these findings to the Commission in the spring.

Commission staff has developed a website to be used as a guide for small business owners in their search for health insurance for their employees. This "Guide to Purchasing Health Insurance for Small Employers" is available on the Commission's website (www.mhcc.state.md.us/smgrpmkt/index.htm). Commission staff is in the process of developing a bookmark describing information available on the small group website. This bookmark will be presented to the General Assembly in January 2003.

The Maryland Insurance Administration (MIA) has issued regulations that alter the self-employed open enrollment periods in the small group market from twice per year to once per year (each December, beginning in 2002). Participating carriers advertised this open enrollment period in local newspapers throughout the month of December 2002.

Evaluation of Mandated Health Insurance Services
At the November meeting, Mercer presented its evaluation of mandated health insurance services as to their fiscal, medical and social impact, along with all proposed mandates that failed during the 2002 General Assembly session to the Commission for release for public comment. At the December meeting, the Commission approved the report for release to the legislature, after some modifications to the Executive Summary. The final report will be sent to the General Assembly in January 2003.

High-Risk Pool (MHIP)/Substantial Available and Affordable Coverage (SAAC)
The General Assembly enacted and the Governor signed HB 1228 (2002) under which the SAAC program and the Short-Term Prescription Drug Subsidy Program will be replaced with the Maryland Health Insurance Plan Fund and Senior Prescription Drug Program. Both will be administered by the newly created Maryland Health Insurance Plan (MHIP), an independent agency within the MIA. The Executive Director of the MHCC is a member of the Board. The MHIP Fund is financed through a proportionate assessment on hospital net patient revenue that would equal the CY 2002 SAAC funding. The new program is required to be operational on July 1, 2003, and hospitals must begin paying the assessment as of April 1, 2003 in order to fund the start-up. The MHIP Board is responsible for running the programs. Carriers must report to the MIA the number of applications for medically underwritten individual policies that they have

declined. The Senior Prescription Drug Program is funded through enrollee premiums and a subsidy by a nonprofit health service plan (CareFirst) not to exceed its premium tax exemption. The MHCC is no longer responsible for developing the benefit plan. The MIA required CareFirst (Maryland and D.C.) to have the last SAAC open enrollment in December 2002. CareFirst complied by advertising the open enrollment period in local newspapers throughout the month of December 2002.

Legislative and Special Projects

Nursing Home Report Card

Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The web-based Nursing Home Performance Evaluation Guide is available through the Commission's website. The Guide includes a Deficiency Information page, data from the Minimum Data Set (MDS) and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services.

As part of the mandate, the Commission is required to explore the feasibility of collecting patient and/or family satisfaction data similar to what is collected in the Commission's HMO report card. Commission staff is currently reviewing resident and family satisfaction instruments used by various states and national organizations. A survey designed to collect information on satisfaction instruments will be distributed to Maryland nursing facilities early next year.

The national rollout of the CMS Nursing Home Quality Initiative took place on November 12, 2002. Seven of the ten quality measures reported on the Centers for Medicare and Medicaid Services (CMS) website are featured on the Maryland Guide in the same format as the current Quality Indicators are, utilizing the symbols that separate the top 20%, bottom 10% and all others. CMS is reporting two new measures and one revised measure that are risk-adjusted using a Facility Adjustment Profile (FAP). Two of these measures are currently featured on the Guide without the FAP (Prevalence of Stage 1-4 pressure ulcers for chronic care and Failure to improve/manage delirium for post acute care). The Nursing Home Steering Committee unanimously agreed to not feature those measures with the FAP.

The Commission participated in the CMS pilot program with five other states from April through early November 2002. The pilot quality measure "weight loss" failed validity testing and is being dropped from the national rollout.

Hospital/Ambulatory Surgical Facility Report Card

Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31, 2002.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmissions rates for 33 high volume hospital procedures (diagnosis related groups or DRGs). Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented.

DRG data was recently updated in the Hospital Guide to include admissions occurring between December 1, 2000 and November 30, 2001. Three DRGs that were featured previously are not now included due to the small number of hospitals that had 20 or more discharges per DRG. Readmission rates for circulatory system diseases and disorders are featured. The formula used to calculate the readmission rates for all DRGs was altered to better define transfers to other hospitals and excludes "planned" readmissions.

Data collection for the two core measure sets (Congestive Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative has begun. Data has been gathered on a pilot, or test, basis for the first and second quarters of 2002. Each hospital's information for Quarter One of 2002, along with the state average, is currently available to that particular hospital. The Delmarva Foundation, our contractor for this data collection effort, has been working with the hospitals and ORYX measurement instrument vendors to provide technical assistance for the logistics of transmitting the data and to assist the hospital personnel in understanding the specifications for collecting the data. Data gathered between July and December 2002 (Quarters 3 and 4) will be made publicly available in the second iteration of the Hospital Guide in Spring 2003.

A separate guide is being developed for the ambulatory surgical facilities (ASFs). It is anticipated that the ASF Consumer Guide will be made public in early 2003.

Recently, the Delmarva Foundation was named the 'lead state' to head a three-state hospital public reporting pilot project initiated by CMS. Delmarva will assist CMS with the following:

- Test the collection and reporting of the JCAHO/CMS performance measure sets.
- Test the AHRQ sponsored standardized patient experience (satisfaction) survey.
- Test additional performance measures as determined by the pilot states.
- Determine the least burdensome ways for hospitals to meet upcoming public reporting requirements.
- Determine how to integrate CMS mandated reporting with existing state level public reporting activities.
- Determine how to best involve stakeholders in the development and execution of hospital public reporting activities.

Delmarva has requested that the Maryland Hospital Report Card Steering Committee serve as the steering committee for the pilot. The Committee will be the primary vehicle for obtaining input and consensus prior to initiating the state specific activities. The Steering Committee will also be asked to provide feedback to CMS on the pilot and identifying barriers to successful implementation. Twenty hospitals from the three pilot states will take part in a pilot satisfaction survey in March or April 2003 as "core" hospitals with others being "participating" hospitals. Information from this pilot survey will be confidential. The Agency for Health Care Research and Quality (AHRQ) will select hospitals in each state beginning in late January. The "core hospital" survey will be administered through the mail with follow-up contact made by telephone. As part of the Commission's legislative charge to "solicit performance information from consumers," the Commission staff is requiring that each Maryland acute care hospital participate in the pilot. There has been no commitment on the part of the Commission at this time to utilize this instrument except for its piloting. A letter was sent on January 10th to all Maryland acute care hospitals explaining the logistics of the pilot satisfaction survey. A kickoff meeting hosted by The Delmarva Foundation is scheduled for February 10, 2003.

CMS has revised its stated projection date for nationwide hospital participation in the satisfaction survey to the summer of 2003. The pilot projects will be funded through the Quality Improvement Organization (QIO) for the states chosen for the pilot.

In addition, a national coalition of healthcare organizations, including the American Hospital Association (AHA), the American Association of Medical Colleges (AAMC), the Federation of American Hospitals (FAH), the National Quality Forum (NQF), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) announced a voluntary initiative that will encourage every hospital in the country to collect and publicly report quality information.

The "starter set" of measures will draw from three of JCAHO's Core Measure Sets: Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF) and Community-Acquired Pneumonia (CAP). Initially, Maryland hospitals will be able to report measures from just two of the areas (the CHF and CAP measures that are already being collected), but will be strongly encouraged to report from all three measures as soon as possible. This information, in addition to being on the MHCC website as currently in process, will also be on CMS's website (www.medicare.gov) sometime this summer.

Uninsured Project

DHMH, in collaboration with MHCC and the Johns Hopkins School of Public Health, was recently awarded a $1.2 million State Planning Grant by the Health Resources and Services Administration (HRSA). HRSA is the federal agency that oversees programs to ensure access to care and improve quality of care for vulnerable populations. The one-year federal grant provides Maryland with substantial resources to examine the state's uninsured population and employer-based insurance market and to develop new models to make comprehensive health insurance coverage fully accessible to all Maryland residents.

Among the several activities, the one year grant will enable DHMH and MHCC to conduct further analysis of existing quantitative data sources (Maryland Health Insurance Coverage Survey, MEPS-IC, and CPS), as well as collect additional data that will help us design more effective expansion options for specific target groups. In addition, we will be conducting focus groups with employers in order to better understand the characteristics of firms not currently participating in the state's small group market. For those firms currently participating in the CSHBP, issues will be probed relating to costs of coverage and knowledge of the base CSHBP. In an effort to increase the take-up rate in the small group market, marketing materials will be presented to the focus groups for review and modification. Shugoll Research has been selected as the vendor to conduct these focus groups beginning in January 2003.

The grant team requested a one-year, no cost extension of the project timeline, with an interim report due to the Secretary of the Department of Health and Human Services in June 2003 and the final report submitted in December 2003. The final report must outline an action plan to continue improving access to insurance coverage in Maryland.

Patient Safety

Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. Three workgroups were formed: one to look at issues related to systems changes to be recommended;

one to address current regulatory oversight and reporting requirements; and a third to discuss issues related to a proposed Patient Safety Center.

A preliminary report was sent to the General Assembly in January 2002. One of the preliminary recommendations has been enacted by the General Assembly and signed by the Governor. That bill removes the medical review committee statute that applies to all health care practitioners from the BPQA statute, where it is currently codified, and places it in a separate subtitle within the Health Occupations Article to make practitioners more aware of the protections available to them. It also codifies case law to clarify that certain good faith communications designed to lead to remedial action are protected even when they are not made directly to a medical review committee or committee member, but are nevertheless designed to remedy a problem under the jurisdiction of a medical review committee. The final report was approved by the Commission at the December public meeting and will be submitted to the Maryland General Assembly as soon as it has been printed.

In addition, Commission staff, along with the University of Maryland Office of Research and Development, LogiQ (a non-profit research entity affiliated with the Maryland Hospital Association) and the Delmarva Foundation recently submitted a proposal for a federal grant that would fund the creation of a Patient Safety Center. The grant proposal was submitted October 1, 2002.

HMO Quality and Performance

Distribution of 2002 HMO Publications – began Sept. 23, 2002

Cumulative distribution: Publications released 9/23/02	**9/23/02- 12/31/02**	
	Paper	**Electronic Web**
The 2002 Consumer Guide to Maryland HMOs & POS Plans **(25,000 printed)**	20,189	**Interactive version:** 156 visitor sessions
		.pdf version numbers are under review
2002 Comprehensive Performance Report: Commercial HMOs & Their POS Plans in Maryland **(700 printed)**	508	**Visitor Sessions** numbers are under review

2002 Policy Report (2001 Report Series) –
Released January 2002; distribution continues until January 2003

Policy Report on Maryland Commercial HMOs: The Quality of Managed Care **(1,500 printed)**	1,170	**Visitor Sessions** numbers are under review

Distribution of 2002 Publications
Distribution occurred passively throughout the month of December. The Maryland Retired Teachers' Association requested copies to make available to its members. MHCC will resume active outreach in the early months of 2003. While contacting the usual distribution outlets for

dispersal of the *Policy Report*, MHCC staff will contact public libraries and brokers throughout the state, so HMO Consumer Guide inventories can be restocked, as needed.

2003 Performance Reporting (CAHPS Survey and HEDIS Audit)
Staff finalized the approval process for all 2003 CAHPS survey correspondence and questionnaires. All components have received approval from NCQA and forwarded to Market Facts, our survey vendor. Changes established by NCQA to the standardized survey necessitated updating, reorganizing, and rewording the supplemental questions developed by this Division and the plans. Thorough review of historic results generated from the complement of MHCC questions, as well as their use in HMO performance reports, provided the guidance needed to bring new focus to contemporary health care concerns. This review resulted in the retirement of several questions. Staff completed the updating process by creating several new questions that will serve as an additional instrument for monitoring, subjectively, the increasing utilization of emergency departments. Specifically, the newly introduced questions will query respondents about their experiences accessing urgently needed care.

HealthcareData.com, the audit vendor, has notified each plan of key dates for the upcoming audit season and scheduled tentative site visits for each. As a first step in the survey process, plans and the audit vendor began preparing for the audit of member file formats.

Per the request of HealthcareData.com and with concurrence from MHCC, a letter was drafted revising the order of deliverables for the contract in FY 2003.

Report Development Contract/Policy Report
HMO Quality & Performance Division staff completed writing and editing work on the *Policy Report on Commercial HMOs & POS Plans*. Production of the publication occurred according to schedule. Staff collaborated both directly and indirectly with graphic design firm, Jill Tanenbaum Graphic Design & Advertising, during all phases of design production, thus meeting the deadline for completion during December. Final hard copy and electronic files submitted to MHCC by the design firm were forwarded to the printer.

The competitive bidding process was used in selecting the printer for this report. Both an electronic and a hard-copy final proof were supplied to the printer for production of the *Policy Report*. Delivery of the order is scheduled for January 10, 2003 and will be distributed to members of the General Assembly.

The *Policy Report* will be the last report under the current contract for the first year of this two-year contract. Discussions will begin in January to consider a request for optional unit work by the contractor. In anticipation of further study of employer groups' use of the *Consumer Guide*, MHCC included in the Request for Proposal a section on optional unit work that described use of focus groups to explore the value of this publication.

Recommendations on HMOs Required to Report and Measures to be reported in 2003 and 2004
At the December meeting, the Commission took final action to establish revised requirements for HMO reporting in 2003 and preliminary requirements for reporting in 2004. Representatives from each of the nine HMOs required to report to the Commission in 2003 were notified of the final reporting requirements. HealthcareData.com received notice of the final recommendations as well.

Availability of After-Hours Care and Urgent Care Utilization
Leading up to data collecting on the MHCC-specific measure about urgent care utilization and availability of after-hours clinical care in 2003, HMO Quality & Performance staff will develop and conduct a small survey of the plans to determine their policies on urgent care services. The information is intended to contribute further understanding to the variability in utilization of these services.

The MHCC-specific data collection tool has been modified to include the collection of all visits to urgent care facilities contracting with the HMOs. Collection of information on availability of hours of operation during evening and weekends is unchanged from last year.

HEALTH RESOURCES

Certificate of Need

During December, staff issued a total of seven determinations of non-coverage by Certificate of Need review. The Commission received notice of the intended transfer of ownership of Ivy Hall Geriatric Center in Baltimore County to a wholly owned subsidiary of the entity that owns the real estate on which the facility is located. This transaction occurred as a result of the foreclosure of the mortgage under which the previous licensed operator held the right to operate the facility.

In addition, the Commission issued two determinations of non-coverage for capital expenditures, one for renovations to a Prince George's County nursing home (that also authorized the addition of ten waiver beds at the facility), and the other for a $3.9 million proposed renovation to the Pediatric Emergency Department and to the Osler 4 patient floor at the Johns Hopkins Hospital.

During this month, staff also issued three determinations related to proposed additions of either single operating rooms or non-regulated procedure rooms, to physician offices; two of these requests came from Baltimore County, and one from Washington County.

Acute and Ambulatory Care Services

Staff has completed an initial analysis of the survey of variations in hospital occupancy at peak census times. A meeting is scheduled with members of the Hospital Census Survey workgroup on January 15, 2003 to discuss this analysis. Staff anticipates that this information will contribute to revisions to the State Health Plan chapter on acute inpatient services.

Staff has established an Acute Care Hospital Planning Workgroup to discuss the issues and policy implications raised in the written comments on the draft of a revised State Health Plan chapter on acute inpatient services, COMAR 10.24.10. This draft plan chapter was released for informal public comment on September 20, 2002. The first meeting of the Acute Care Hospital Planning Workgroup will be held on January 24, 2003 in the Commission offices.

On December 20, 2002 staff met with the staff of the Health Services Cost Review Commission to discuss issues of mutual interest, including pending CON applications, acute psychiatric services, and hospital rate setting issues.

Long Term Care and Mental Health Services

Long Term Care staff participated in the drafting of the final report of the Aging in Place Workgroup. This group was convened by the Maryland Department of Aging at the request of Delegate Hammen as an outgrowth of the Nursing Home Oversight Committee. The group's investigation focused on: current models of care in Maryland's public community-based long term care system; the continuing care model; potential models for an aging in place initiative; and obstacles to expanding aging in place initiatives. The recommended solution was to seek ways to develop Aging in Place Continua, particularly for persons who cannot afford the current CCRC model.

The Commission, effective December 16, 2002, awarded a contract to Myers and Stauffer, LC, to providing consulting services on the Use of the Minimum Data Set (MDS) Resident Assessment Instrument to Create Data Sets for Planning and Policy Development. This is the culmination of several months of effort by the staff of the Long Term Care Division of Health Resources, along with staff of the Division of Data Systems and Analysis, to seek resources among several types of consulting groups to assist the Commission with the analysis of the MDS data.

The Commission requires nursing home data to fulfill a number of key responsibilities, including:

- Forecasting nursing home bed need for the state as a whole and for each of the 24 jurisdictions;
- Responding to emerging long term care policy issues;
- Analyzing trends in utilization of long term care services;
- Developing policies to promote aging in place by understanding the characteristics of residents on admission, where they come from, limitations in activities of daily living, and the level of family support.

In the past, the Commission conducted an annual Maryland Long Term Care Survey that collected both facility-specific and resident-specific data from all nursing homes. Starting in 1999, the decision was made to use the national MDS to substitute for the resident-specific component of the survey. Myers and Stauffer have considerable experience nationally with development of the MDS data, analysis, and assessment of its quality and reliability.

Staff has been working on an Issues Paper as a first step in the update of the Hospice section of the State Health Plan. In an effort to improve the data collected by the Hospice Network and used by the Commission, staff has planned a meeting for January 17, 2003 to discuss data needs with the Hospice Network of Maryland.

As part of its ongoing investigation of post acute issues, staff has been in contact with the Delmarva Foundation to ascertain their perspective on the impact of Medicare's Resource Utilization Groups (RUGs)-based Prospective Payment System on Maryland's skilled nursing facilities, as well as the potential impact of Medicare's recent implementation of its Prospective Payment System for long term care hospitals on Maryland's chronic hospitals. Staff will continue to monitor this situation.

As part of its participation on the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council, staff provided information and made presentations on behalf of two ad hoc committees: one on data reporting needs, and the second on development of an organizational

matrix that instructs members of the Council on how agencies interact to provide services and how individuals access services.

Specialized Health Care Services

At the January 16, 2003 meeting, the Commission will hear oral argument on a Motion for Reconsideration and Stay of the Commission's December 10th decision in the Metropolitan Washington Open Heart Surgery Review. This motion was filed on December 26, 2002 by Shady Grove Adventist Hospital and responses were filed on January 6, 2003 by Holy Cross Hospital, Southern Maryland Hospital Center, Suburban Hospital, Dimensions Healthcare System, and Washington Adventist Hospital.

All subcommittees of the Advisory Committee on Outcome Assessment in Cardiovascular Care have meetings scheduled in January 2003. The Quality Measurement and Data Reporting Subcommittee will met on Tuesday, January 7, 2003 to review draft recommendations from the Cardiac Surgery Data Work Group on the Design of a Maryland Quality Improvement Initiative for Cardiac Surgery Services. The subcommittee is also establishing a Work Group of Catheterization Laboratory Directors to discuss approaches to organizing a statewide percutaneous coronary intervention (PCI) database. The Inter-Hospital Transport Subcommittee will meet next on Wednesday, January 15, 2003 to discuss a draft outline of their report and recommendations to the Steering Committee. On Wednesday, January 22, 2003, the Long Term Issues Subcommittee will meet and have a presentation from Tom Nolan regarding the status of process improvement in cardiovascular medicine. The Interventional Cardiology Subcommittee will meet next on Monday, January 27, 2003.

At its meeting on December 12, 2002, the Work Group on Rehabilitation Data reviewed annual data for 1996-2001, and data for January through June 2002. The group also discussed the criteria used to group rehabilitation patients discharged from acute inpatient rehabilitation facilities. The next meeting of the Work Group will be held at 1:00 p.m. on February 20, 2003 at the Commission's offices at 4160 Patterson Avenue, Baltimore, Maryland.